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HELPFUL HINTS FOR DENTAL PRIOR APPROVAL AND CLAIMS SUBMISSION



Agenda

- Administrative Items
- Learning Objectives
- Wrap-Up
- Q&A

Administrative Items

- WebEx Ground Rules
- Evaluations (e-mailed after training; please return within 24 hours)

Objectives

- Identify the three (3) methods of Prior Approval submission.
- Identify how to upload documents when submitting a Prior Approval via NCTracks and how to upload documents to an existing Prior Approval.
- Identify the most common errors when completing the American Dental Association (ADA) form.
- Identify common errors that require requests for Prior Approval additional information.
- Identify the common mistakes when submitting claims.

PA Submission and Attachments

Three Ways to Submit Your Prior Approval Request

*Online is the **PREFERRED** method of submission*

- Online via the NCTracks Provider portal 
 - Ensures that the PA is submitted and received (confirmation page is generated that shows the services requested in the prior approval).
 - Control your attachments and verify receipt (view documents uploaded with your prior approval).
 - Quicker processing when submitted online (it is possible for the PA to be reviewed before your mailed/faxed attachments are received; online submission allows the PA and documents to be received at the same time in the NCTracks system).
- Mail
- Fax (do not fax radiographs or photos)

Example of PA Confirmation Page



NCTracks Web Submitted Request for DENTAL Prior Approval Confirmation Page

Header Information

Request Date: 8/7/2018 **Confirmation Number:** [REDACTED]
Health Plan: NCXIX **Payer:** DHB **PA Type:** DENTAL
Recipient ID: [REDACTED] **Last Name:** [REDACTED] **First Name:** [REDACTED]

Requesting Provider

Provider: [REDACTED] **Taxonomy Code:** [REDACTED] **Address:** [REDACTED]

Billing Provider

Billing Provider: [REDACTED] **Taxonomy Code:** [REDACTED]
Address: [REDACTED]

EPSDT limit type: No

Diagnosis Code(s)

Prognosis:

Diagnosis Code	Diagnosis Type	Date of Onset	Primary
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Notes:

Basic Line Item Information

Procedure Code	Code Type	Area of Cavity	Tooth	Effective Begin Date	Effective End Date
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Health Care Services Delivery Information

Place of Service: [REDACTED]
Service Units: [REDACTED] **Unit Type:** [REDACTED]
Modifier(s): [REDACTED]
Frequency: [REDACTED] **Frequency Period:** [REDACTED]
Duration: [REDACTED] **Duration Type:** [REDACTED]
Rendering provider is the same as the billing provider

Additional Tooth Information

Documentation of Medical Necessity:



Attachments – Upload via NCTracks

- Online Prior Approval submission allows you to control your attachments:
 - Upload documents, radiographs, photos, etc. from your computer via NCTracks.
 - These attachments will be uploaded directly to your Prior Approval submission.
 - On the “Attachments” tab of the PA Entry page in the Provider portal, select “Yes”.



The screenshot shows a web interface with three tabs: "Header Information", "Detail Information", and "Attachments". The "Attachments" tab is active. Below the tabs, there is a section for "Payer: DHB". Underneath, there is a section titled "APPROVAL REQUEST ATTACHMENTS" containing a question: "* Does this Approval request have any attachments?". Below the question are two radio buttons: "Yes" (which is selected) and "No". A red arrow points to the "Yes" radio button.

Attachments – Upload via NCTracks – Submitting Prior Approval

- Selecting “Yes” allows you to upload your attachments.
 - You can choose to upload, mail, or fax your attachments.
(Uploading is the preferred method.)
 - “Attachment Type” – What kind of attachment are you providing?
 - “Transmission Code” – Upload, Mail, or Fax.
 - “Attachment Control #” – This is a personal reference number of your choosing.
 - Click “Upload File” to select the file from your computer.
 - Select “Add” after the file is chosen.

The screenshot displays the 'Attachments' tab in the NCTracks system. At the top, it shows 'Payer: DHB' and 'PA Type: DENTAL'. Below this is a section for 'APPROVAL REQUEST ATTACHMENTS' with a question: 'Does this Approval request have any attachments?' and radio buttons for 'Yes' (selected) and 'No'. A blue banner below states: 'Please enter up to 10 file attachments below not to exceed 25Mb total.' The main attachment table has the following structure:

* Attachment Type	* Transmission Code	* Attachment Control #	* Attachment Supplement
RADFILM	UPLOAD	panorex-1	<input type="text"/> Upload File

At the bottom right of the table are 'Add' and 'Clear' buttons.

Attachments – Upload via NCTracks – Existing Prior Approval

- You can add attachments to existing Prior Approvals.
 - On the “PA Inquiry” screen, find your Prior Approval.
 - Open the Prior Approval and click “Yes” for “Would you like to attach additional files?”.

PRIOR APPROVAL ATTACHMENT ?

* Would you like to attach additional files?
 Yes No

Please enter up to 10 file attachments below not to exceed 25Mb total.

ATTACHMENTS

* Attachment Type	* Transmission Code	* Attachment Control #	Attachment Supplement
<input type="text" value="Choose"/>	<input type="text" value="Choose"/>	<input type="text"/>	

Attachments – Mail or Fax

- If you choose to mail or fax your attachments, they must be accompanied by the system-generated **cover sheet**.
 - The cover sheet enables CSRA to match the documents received to the correct PA.
 - You can access this cover sheet under the “View Documents” link within your submitted PA.

HEADER INFORMATION	
Confirmation #:	Benefit Plan: MCAID Health Plan: NCXIX
Prior Approval #:	PA Type: DENTAL
Recipient:	Recipient ID:
Billing Provider:	Billing Provider Id:
Requesting Provider Name:	Requesting Provider Id:
Submission Date:	Status:
Effective Begin Date:	Effective End Date: 12/31/9999
Payer: DIVISION OF HEALTH BENEFITS	# of Attachments: 2
PA Documents: View Documents	

Attachments – Mail or Fax

- The cover sheet will appear in an Electronic Document Viewer.
 - The cover sheet can be printed to fax or mail with your documents.

	NC DHHS Prior Approval CSRA Health Services Attachment Review Cover Sheet
IN ORDER TO EXPEDITE THE PROCESSING OF YOUR PRIOR APPROVAL REQUEST, PLEASE RETURN THIS COVER SHEET WITH YOUR ATTACHMENTS. DO NOT WRITE ON THIS FORM.	
Class Code: 00	Mail attachment to this address:
Original DCH:	CSRA P.O. Box 31188 Raleigh, NC 27622
ETN:	Or, Fax attachment to: 855-710-1964
Reference ID:	
NPI:	
Atypical Provider ID: (If applicable)	
Recipient ID:	
Date: 6/7/2018	
Attachment Sticker: (CSRA Use Only)	
<small>CSRA Health Services Attachment Review Cover Sheet (FARS) (Rev. 01/2016) (Form # 101-00000000) (Printed on 06/07/2018) (Form # 101-00000000)</small>	

2006 ADA (American Dental Association) Form – Common Errors

- Boxes are not marked correctly.
 - Field 1: The PA must be marked as a “Request for Predetermination /Preauthorization”, not marked as “Statement of Actual Services”.
 - “X” is not in the box (partially in the box or outside of the box).
- Handwriting is not legible.
- Billing Provider taxonomy is omitted from Field 35.
- Data is outside of the allotted space/box (NPI, taxonomy, etc).

Why is this an issue?

If ADA forms (mailed or faxed) are not legible or not completed correctly, the form will not scan correctly to create the PA in NCTracks.

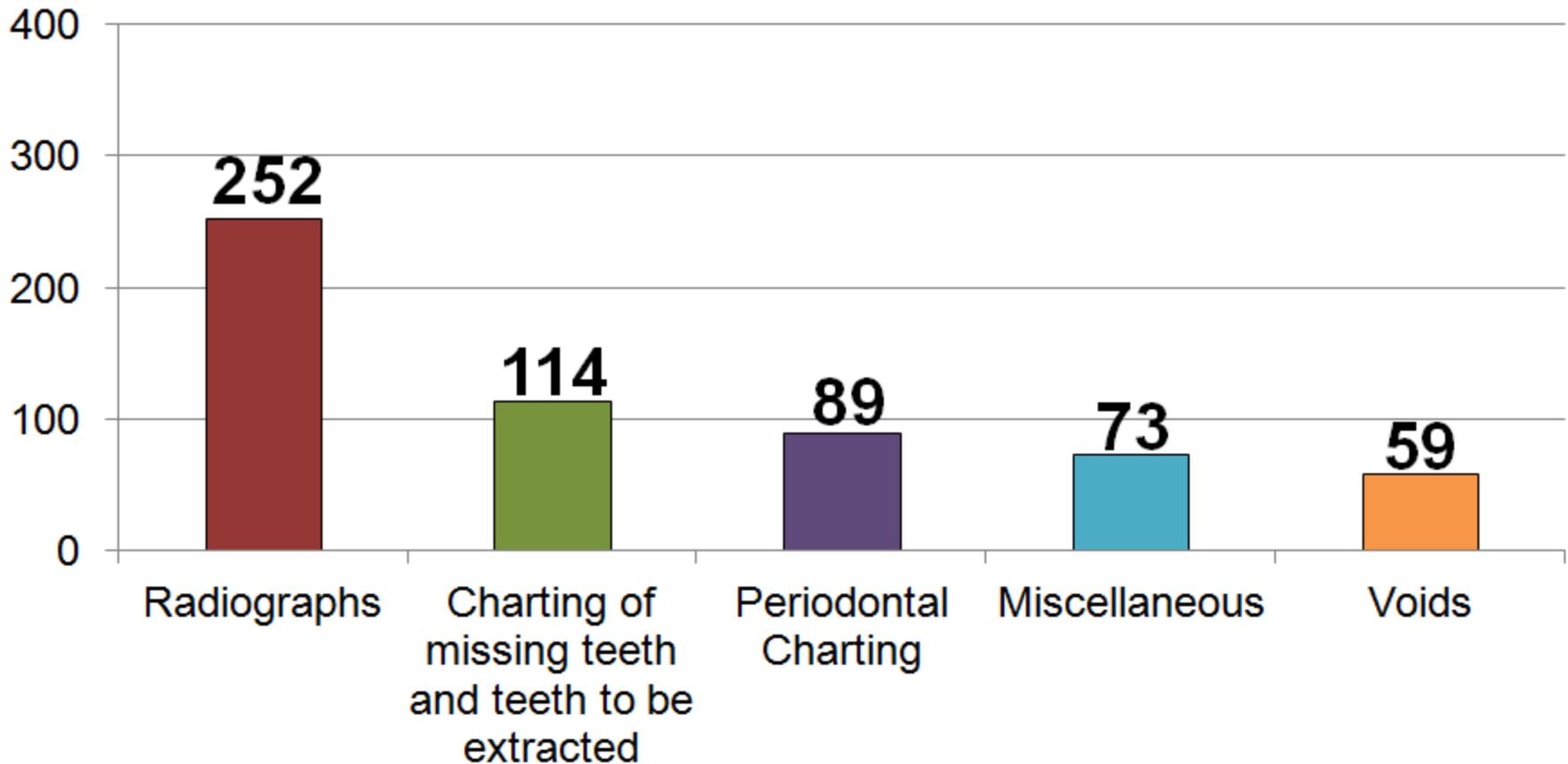
What Questions Do You Have for Me?



Avoid Delays Due to Requests for Additional Information

Most Common Reasons for Requests for Additional Information

421 Total number of Prior Approvals sampled



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Most Common Reasons for Requests for Additional Information

- Radiographs
 - If the radiographs have not been received at the time the Prior Approval is reviewed, a request for additional information will be sent to the provider.
 - Uploading the radiographs and photos allows all the information to be available in NCTracks at the time of the review without delay.
- Charting of missing teeth and teeth to be extracted
 - Required for partial dentures.
 - This can be documented when submitting via the Provider portal, using the “Documentation of Medical Necessity” field on the Provider portal PA Entry screen.

Radiographs

- Must be properly mounted and labeled with the date of service and the name of beneficiary and provider.
- Panoramic images must be labeled clearly to indicate the beneficiary's left and right sides.
- All radiographs must be of diagnostic quality suitable for interpretation and must be retained in the beneficiary's record for a minimum of 6 years for the purpose of Medicaid or NCHC post-payment review (10 years per NC State Board of Dental Examiners).
- If radiographs cannot be obtained, the provider shall include written explanation and shall provide documentation of missing teeth and teeth to be extracted (periodontal charting is recommended as well).

Radiograph – GOOD Diagnostic Quality



Left side is marked on the image



Patient name → Name: [Redacted]

DOB: 7/13/2003
M15104

Date of Service → Date: 12/17/2015



Provider Name

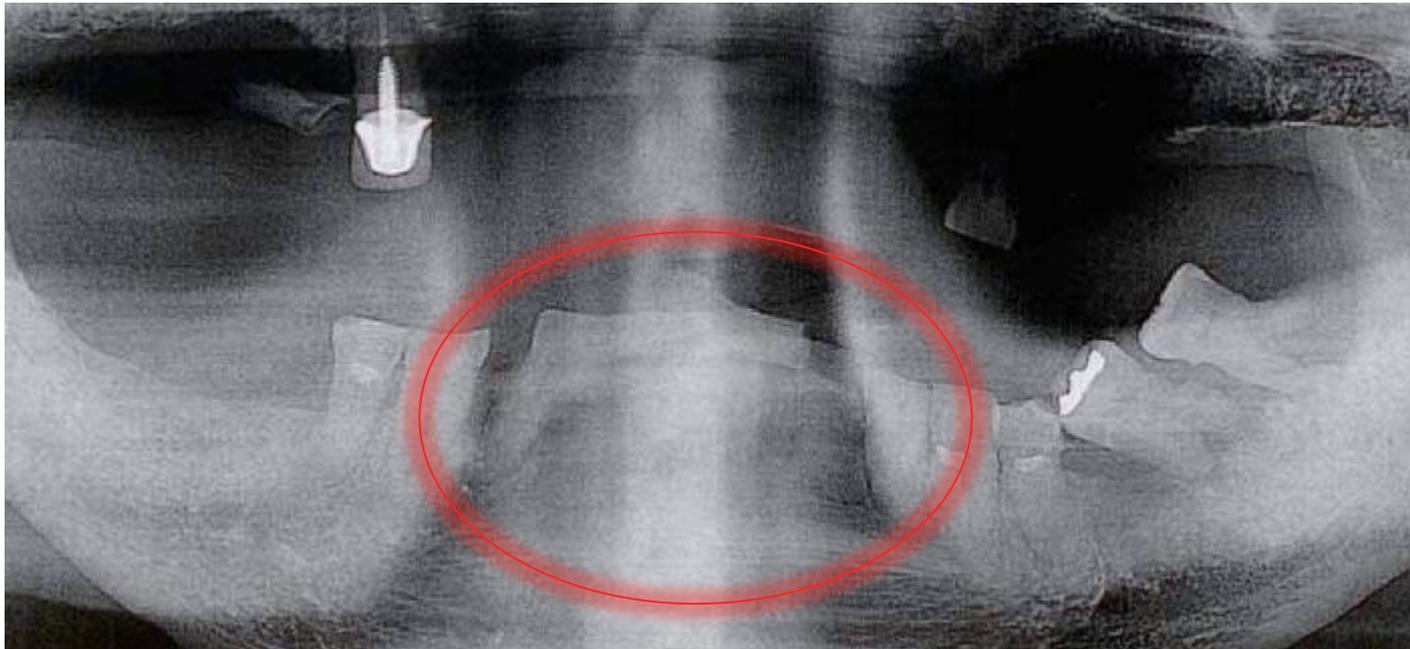
Radiograph – NOT Diagnostic Quality

- When radiographs are faxed, they are typically not diagnostic quality.



Radiograph – NOT Diagnostic Quality

- This Panorex was uploaded; however, this is not diagnostic quality due to the blurred teeth.



Most Common Reasons for Requests for Additional Information

- Periodontal charting
 - Required for PA requests for periodontal scaling and root planing and other periodontal procedures.
 - This can be uploaded and sent with your portal submission of the PA.
- Voided PA Requests
 - Can be submitted online with your new PA request.

Periodontal Scaling and Root Planing – Required Documentation

- Current radiographs (radiographs must include the patient's name and date that the image was taken).
 - Full mouth series is preferred.
 - Bitewings/Panorex are acceptable.
 - Include radiographs of all teeth to be scaled.
- Current periodontal charting (patient's name and date of service must be included).
 - Six measurements per tooth are required [zeros (0) are not valid measurements].
- Indicate missing teeth (X) and teeth to be extracted (/) on the periodontal charting.

Periodontal Scaling and Root Planing – Required Documentation

- Be sure to request the correct code (do not include teeth that are going to be extracted) – D4342 vs. D4341.
 - D4342 is for 1-3 teeth per quadrant.
 - D4341 is for 4 or more teeth per quadrant.
- These codes require a QUADRANT INDICATOR (do not use tooth numbers).
 - Upper Right = 10/UR.
 - Upper Left = 20/UL.
 - Lower Left = 30/LL.
 - Lower Right = 40/LR.

Periodontal Charting – Correct Submission

Patient Name

12:02 pm 3/22/2016

PERIO COMPARISON
Pocket Depth

Patient Name:
Patient ID:

	Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
B	3/4/2016	<input type="text"/>	5 6 7	7 5 5	5 4 5	5 4 5	4 5 6	5 5 7	9 7 7	5 6 9	9 5 5	5 4 6	5 5 6	6 5 7	7 5 9	9 6 6	<input type="text"/>
L	3/4/2016	<input type="text"/>	7 6 6	6 5 6	5 5 5	5 5 6	6 5 6	5 5 7	6 5 7	5 4 5	5 4 5	5 4 5	5 5 5	5 5 7	8 5 7	7 5 7	<input type="text"/>
L	3/4/2016	<input type="text"/>	8 6 8	8 7 7	7 5 6	<input type="text"/>	4 4 4	5 4 5	<input type="text"/>	<input type="text"/>	5 4 5	5 4 5	6 5 6	6 5 7	7 6 9	8 7 9	<input type="text"/>
B	3/4/2016	<input type="text"/>	5 5 5	5 5 5	5 4 5	<input type="text"/>	5 4 5	5 3 4	<input type="text"/>	<input type="text"/>	4 4 6	5 3 4	6 5 5	5 5 6	5 5 7	7 5 9	<input type="text"/>
		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Date of Service

6 readings per tooth

Full Denture Documentation Requirements

- Complete dentures do not require radiographs.
 - Exception: If the patient is under age 30, send radiographs for proof of medical necessity.
- Immediate denture – Send radiographs and charting with missing teeth (X) and teeth to be extracted (/).
 - Panorex or full mouth series preferred.
- Dentures require ARCH INDICATORS – 01 (maxillary) or 02 (mandibular); do not use tooth numbers or quadrant indicators.
- If teeth on radiographs appear to be sound/restorable, include treatment rationale of why full dentures are needed.
- If the impression, try-in, or delivery of a denture is being rendered in a long-term care facility, the “Supplement to Dental Prior Approval Form” is required (the place of service must be indicated on your prior approval request).

Partial Denture Documentation Requirements

- Current radiographs showing all remaining teeth (especially abutment teeth).
 - Panorex or full mouth series preferred.
- Charting/documentation of missing teeth and teeth to be extracted.
 - If submitting via the NCTracks Provider portal, use the “Documentation of Medical Necessity” field to provide this documentation.
 - If the remaining teeth that will support the partial have questionable bone support, document if teeth can be added or if the partial can be converted to a full denture in the future if needed.

Additional Tooth Information

Documentation of Medical Necessity: Teeth # 1,4,14,16,18,19,30,31 are missing. Teeth #17,32 will be extracted.

Full and Partial Dentures – Required Documentation (Supplement to Dental Prior Approval Form)

- If the impression, try-in, or delivery of a full or partial denture is being rendered in a long-term care facility, the “Supplement to Dental Prior Approval Form” is required (the place of service must be indicated on your prior approval request).

Supplement to Dental Prior Approval Form

NORTH CAROLINA MEDICAID PROGRAM SUPPLEMENT TO DENTAL PRIOR APPROVAL FORM					
FULL DENTURE / PARTIAL DENTURE REQUEST					
This form must accompany any prior approval request for full or partial dentures to be delivered in a long-term care facility (e.g., skilled nursing facility, intermediate care facility, adult care home).					
I. PATIENT'S NAME LAST FIRST MIDDLE		BIRTHDATE (MM/DD/YYYY)	SEX	PATIENT'S MEDICAID ID NUMBER	
II. THIS PORTION TO BE COMPLETED BY FACILITY STAFF					
FACILITY / ADDRESS / TELEPHONE NUMBER					
ATTENDING PHYSICIAN / TELEPHONE NUMBER			RELATIVE NAME / ADDRESS / TELEPHONE NUMBER		
DIAGNOSIS / PRIMARY / SECONDARY			MEDICATIONS		
PATIENT INFORMATION (Describe briefly)					
Level of disorientation: _____ Personal care assistance: _____					
Type of diet: _____ Activities/Social: _____					
Can patient communicate needs? _____					
Prognosis: _____					
Comments: _____					
Completed by: _____ Title: _____ Date: _____					
III. THIS PORTION TO BE COMPLETED BY THE ATTENDING PHYSICIAN					
STATEMENT: IN MY OPINION THIS PATIENT IS ABLE TO TOLERATE DENTURES. THIS PATIENT DESIRES DENTURES. THIS PATIENT NEEDS DENTURES FOR AN IMPROVED QUALITY OF LIFE.					
_____ Attending Physician			_____ Date		
IV. THIS PORTION TO BE COMPLETED BY THE ATTENDING DENTIST					
STATEMENT: BASED ON ORAL EXAMINATION FINDINGS AND AN EVALUATION OF THIS PATIENT'S POTENTIAL TO UTILIZE DENTURES IT IS MY OPINION THAT DENTURES SHOULD BE PROVIDED. I WILL PROVIDE POST-OPERATIVE CARE FOLLOWING DENTURE INSERTION TO THE PATIENT AS NEEDED IN ACCORDANCE WITH MEDICAID GUIDELINES.					
_____ Attending Dentist			_____ Date		
DMA-6022 REV. 05/2004					

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What Questions Do You Have for Me?



How to Void a Dental Prior Approval Request

When is a Voided Prior Approval Request Required?

- A “void” is needed when there is an existing prior approval for the same procedure or a similar procedure.
 - The void may be needed from the same provider or a different provider.
 - Approvals granted previously to your office for the same provider NPI can be viewed in the NCTracks Provider portal by using the “PA Inquiry” option under Prior Approval.
- A dental prior approval is valid for 1 year from the effective date (1 year to render the service).
 - If the existing prior approval is within 2 years from the effective date and the service has not been paid, a voided prior approval request will be required.

When is a Voided Prior Approval Request Required?

- Only the provider who “owns” the Prior Approval can void it.
- If your office has any Prior Approvals for a recipient that have not been used and are within 2 years of the effective date, these need to be voided before you submit your new Prior Approval request.
- If you have a patient that is transferring to another provider, void outstanding Dental Prior Approvals that are within 2 years from the effective date and the service has not been rendered.

How to Void a Dental Prior Approval Request

- Submit the void information with your new Prior Approval request (**this is the preferred method**).
- If CSRA needs to request the void, you may do the following:
 - Upload the requested void information to your existing Prior Approval (the Prior Approval will be in a “Pend AI 1” status) – this is the preferred method if CSRA is requesting the void.
 - Fax/mail the voided PA request to the fax number/address on the “Notice of Request for Additional Information”.
 - Contact the NCTracks Operations Contact Center and submit a ticket.

REMEMBER: Only the provider who owns the Prior Approval can void it. This means that you may need to reach out to a previous provider and have that office void their approval before your PA can be processed.

How to Void a Dental Prior Approval Request

- Preferred method: Submit the void information with your new Prior Approval request.
 - **Include instructions** on office letterhead requesting the voids and an explanation of why they are needed (patient never came in for treatment, treatment plan has changed, etc.). This can be uploaded with the new Prior Approval request.
 - “Void” can be written on the confirmation page for the Prior Approval that needs to be voided and this can be uploaded with the new Prior Approval request.
 - Instructions can be given in the “Documentation of Medical Necessity” field when submitting the Prior Approval request to alert CSRA reviewers that your office is requesting a void.
- If your office includes the void with the new Prior Approval request, the processing of your new request will not be delayed.

Dental Voids – Helpful Hints

- It is strongly recommended that you ask your patient if they have been to any other offices prior to coming to your office.
- Contact the previous provider and ask them to void any outstanding prior approvals they have for your patient (this can be requested by you or the patient).
- Submit your new Prior Approval request once the other provider has voided their outstanding prior approval.
- The previous provider can fax your office a copy of their PA Letter or a copy of their NCTracks PA Screen with “Void” written on the document. This will allow you to upload the voided PA with your new request.

What Questions Do You Have for Me?



Dental Claims – Helpful Hints

Dental Claims – Common Errors

- Claims are submitted with the wrong indicators for the procedure.
 - Example: D5110 (maxillary complete denture) requires an ARCH indicator (01-Maxillary), not a tooth number or quadrant indicator.
 - Example: D5211 (maxillary resin partial denture) requires an ARCH indicator (01-Maxillary), not a tooth number or quadrant indicator.

Solution:

- For partial dentures, complete dentures, and relines, include the correct indicator in the description of the service. Example: D5110 (maxillary complete denture) requires an ARCH indicator (01-Maxillary).
- Refer to your policy manual, Clinical Coverage Policy 4A, Dental Services, pages 43-45.

Procedures Requiring a Tooth Number (page 43)

Procedure Code	Valid Tooth Numbers	Procedure Code	Valid Tooth Numbers
D1351	A, B, I-L, S, T, 2, 3, 14, 15, 18, 19, 30, 31	D3310	6-11, 22-27
D2140	A-T, 1-32, AS-TS, 51-82	D3320	4, 5, 12, 13, 20, 21, 28, 29
D2150	A-T, 1-32, AS-TS, 51-82	D3330	2, 3, 14, 15, 18, 19, 30, 31
D2160	A-T, 1-32, AS-TS, 51-82	D3351	A-T, 1-32
D2161	A-T, 1-32, AS-TS, 51-82	D3352	A-T, 1-32
D2330	C-H, M-R, 6-11, 22-27, CS-HS, MS-RS, 56-61, 72-77	D3353	A-T, 1-32
D2331	C-H, M-R, 6-11, 22-27, CS-HS, MS-RS, 56-61, 72-77	D3354	A-T, 1-32
D2332	C-H, M-R, 6-11, 22-27, CS-HS, MS-RS, 56-61, 72-77	D3410	6-11, 22-27
D2335	C-H, M-R, 6-11, 22-27, CS-HS, MS-RS, 56-61, 72-77	D5520	1-32
D2390	C-H, M-R, CS-HS, MS-RS	D5630	1-32
D2391	A, B, I-L, S, T, 1-5, 12-21, 28-32, AS, BS, IS-LS, SS, TS, 51-55, 62-71, 78-82	D5640	1-32, C-H
D2392	A, B, I-L, S, T, 1-5, 12-21, 28-32, AS, BS, IS-LS, SS, TS, 51-55, 62-71, 78-82	D5650	1-32
D2393	A, B, I-L, S, T, 1-5, 12-21, 28-32, AS, BS, IS-LS, SS, TS, 51-55, 62-71, 78-82	D5660	1-32
D2394	1-5, 12-21, 28-32, 51-55, 62-71, 78-82	D7111	A-T, AS-TS
D2930	A-T, AS-TS	D7140	A-T, 1-32, AS-TS, 51-82
D2931	2-5, 12-15, 18-21, 28-31	D7210	A-T, 1-32, AS-TS, 51-82
D2932	C-H, M-R, 6-11, 22-27, CS-HS, MS-RS, 56-61, 72-77	D7220	A-T, 1-32, AS-TS, 51-82
D2933	C-H, M-R, CS-HS, MS-RS	D7230	A-T, 1-32, AS-TS, 51-82
D2934	C-H, M-R, CS-HS, MS-RS	D7240	A-T, 1-32, AS-TS, 51-82
D2940	A-T, 1-32	D7241	A-T, 1-32, AS-TS, 51-82
D2950	A-T, 1-32	D7250	A-T, 1-32, AS-TS, 51-82
D2951	A-T, 1-32	D7251	A-T, 1-32, AS-TS, 51-82
D2970	A-T, 1-32	D7270	A-T, 1-32
D3220	A-T, 1-32	D7280	A-T, 1-32
D3222	1-32	D7283	A-T, 1-32
D3230	C-H, M-R	D7971	A-T, 1-32
D3240	A, J, K, T		

Procedures Requiring a Quadrant or Arch Indicator (page 44)

Procedure Code	Valid Quadrant/Arch Indicator
D1510	UR, UL, LL, LR
D1515	UP, LO
D4210	UR, UL, LL, LR
D4211	UR, UL, LL, LR
D4240	UR, UL, LL, LR
D4241	UR, UL, LL, LR
D4341	UR, UL, LL, LR
D4342	UR, UL, LL, LR
D5510	UP, LO
D5610	UP, LO
D5620	UP, LO
D7310	UR, UL, LL, LR
D7311	UR, UL, LL, LR
D7320	UR, UL, LL, LR
D7321	UR, UL, LL, LR
D7340	UP, LO
D7350	UP, LO
D7471	UP, LO

Procedures Requiring a Tooth Surface(s) (page 45)

Procedure Code	Valid Tooth Surfaces
D2140	M, I or O, D, F or B, L
D2150	M, I or O, D, F or B, L
D2160	M, I or O, D, F or B, L
D2161	M, I or O, D, F or B, L
D2330	M, I, D, F or B, L
D2331	M, I, D, F or B, L
D2332	M, I, D, F or B, L
D2335	M, I, D, F or B, L
D2391	M, O, D, F or B, L
D2392	M, O, D, F or B, L
D2393	M, O, D, F or B, L
D2394	M, O, D, F or B, L

Dental Claims – Submission Review

- Review claims prior to submission to ensure they match the Prior Approval on file.
 - Submit the claim with same Billing NPI and taxonomy that is used on the PA.
 - All claims must include the rendering provider NPI and taxonomy of the dentist who actually treated the patient.

Solution:

- Use your PA confirmation page to verify what information you submitted on the prior approval when submitting your claim for payment.
- Use your approval letter to verify the procedures that were approved.

Example of PA Confirmation Page



**NCTracks Web Submitted
Request for DENTAL
Prior Approval Confirmation Page**

Header Information

Request Date: 8/7/2018 **Confirmation Number:** [REDACTED]
Health Plan: NCXIX **Payer:** DHB **PA Type:** DENTAL
Recipient ID: [REDACTED] **Last Name:** [REDACTED] **First Name:** [REDACTED]

Requesting Provider

Provider: [REDACTED] **Taxonomy Code:** [REDACTED] **Address:** [REDACTED]

Billing Provider

Billing Provider: [REDACTED] **Taxonomy Code:** [REDACTED]
Address: [REDACTED]

EPSDT limit type: No

Diagnosis Code(s)

Prognosis:

Diagnosis Code	Diagnosis Type	Date of Onset	Primary
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Notes:

Basic Line Item Information

Procedure Code	Code Type	Area of Cavity	Tooth	Effective Begin Date	Effective End Date
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Health Care Services Delivery Information

Place of Service: [REDACTED]
Service Units: [REDACTED] **Unit Type:** [REDACTED]
Modifier(s): [REDACTED]
Frequency: [REDACTED] **Frequency Period:** [REDACTED]
Duration: [REDACTED] **Duration Type:** [REDACTED]
 Rendering provider is the same as the billing provider

Additional Tooth Information

Documentation of Medical Necessity:



Dental Claims – Helpful Hints

- If your claim is denied:
 - Verify the policy criteria and requirements for the procedure code, tooth number, and quadrant or arch indicator.
 - Verify your Prior Approval submission to ensure that the claim and the Prior Approval match.
 - Verify that both the Billing and Rendering NPI and Taxonomy fields are entered correctly.

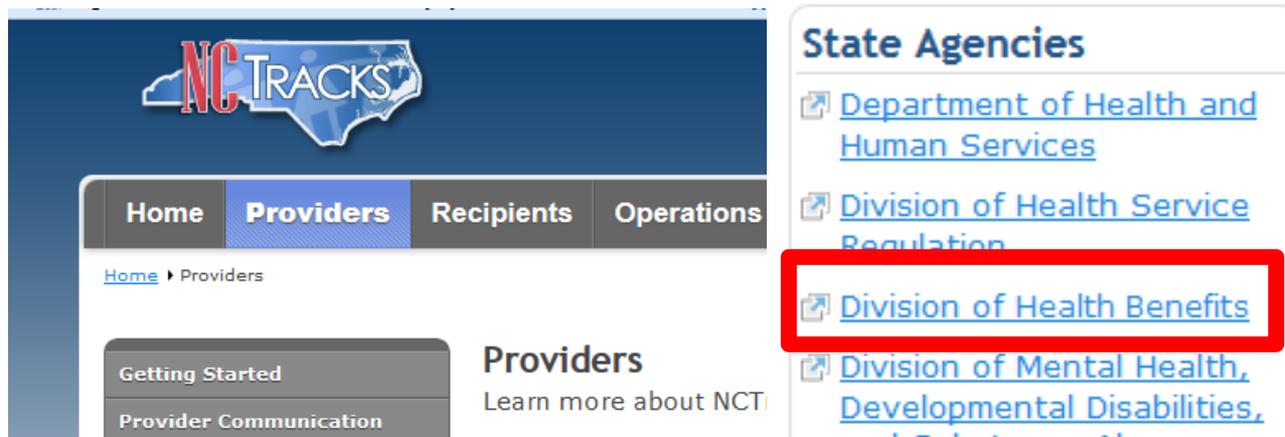
What Questions Do You Have for Me?



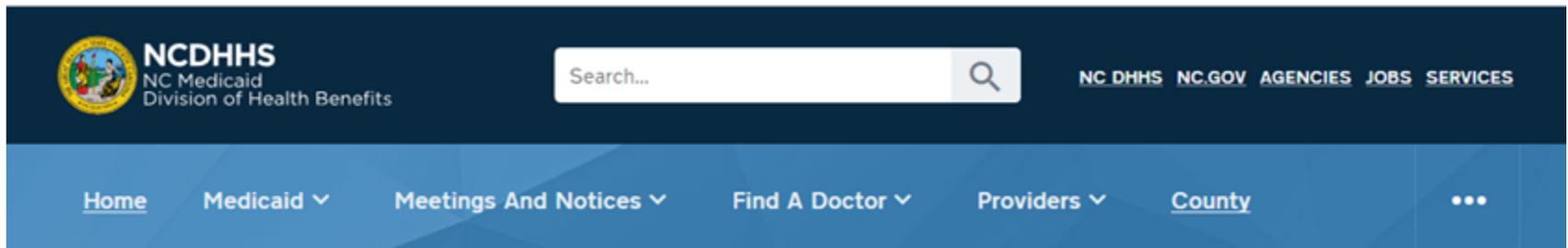
Additional Resources

Additional Resources

- The Division of Health Benefits (DHB) website can be accessed two ways:
 1. Use the link on the home page of the Provider portal of NCTracks.



2. Use your browser to navigate to <https://medicaid.ncdhhs.gov/>.



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Additional Resources

- Use the following links to access the Clinical Coverage Policy for Dental Services (4A):

The screenshot shows the CSRA website's navigation menu with the following items: [Home](#), [Medicaid](#) (with a dropdown arrow), [Meetings And Notices](#) (with a dropdown arrow), [Find A Doctor](#) (with a dropdown arrow), and [Providers](#) (with an up arrow). The [Providers](#) link is highlighted with a red box and labeled #1.

Below the navigation menu, the page title is [Providers](#). A horizontal menu contains the following links: [Claims And Billing](#), [Clinical Coverage Policies](#) (highlighted with a red box and labeled #2), and [Cost Reports And Assessments](#).

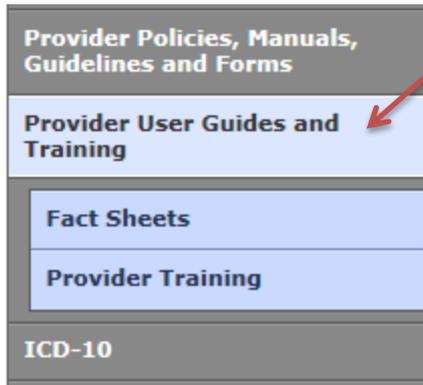
The main heading is [Clinical Coverage Policies](#), which is underlined with a green line.

Below the heading, there is a link [Dental Program Clinical Coverage Policies](#) (highlighted with a red box and labeled #3). Under this link, there are two bullet points:

- 4A. Dental Services
- 4B. Orthodontic Services

Public Provider Portal – User Guides and Training

- Training documents are available on the Provider portal.
 - Provider User Guides and Training
 - How to Enter a Dental or Orthodontic Prior Approval in NCTracks (PDF file)



Prior Approval

 [How to Enter a Dental or Orthodontic Prior Approval in NCTracks \(PDF, 1038 KB\)](#)

 [How to Request Retroactive Approval for LTC \(PDF, 89 KB\)](#)

 [How to Submit Prior Approval Attachments in NCTracks \(PDF, 741 KB\)](#)

 [How to Submit a Prior Approval Request for Hearing Aids \(PDF, 714 KB\)](#)

Public Provider Portal – Training

- Provider Training
 - Provider training announcements are also accessible on the Provider portal.

Provider Policies, Manuals, Guidelines and Forms
Provider User Guides and Training
Fact Sheets
Provider Training
ICD-10

Provider Training Announcements

[Additional Provider Training in February 2016](#)

Feb 9, 2016 An additional instructor-led training course for providers has been added in February 2016. ... [read on](#)

[Upcoming Provider Training in February 2016](#)

Jan 25, 2016 Registration is now open for several instructor-led training courses for providers that will be ... [read on](#)

[Reminder - Provider Training in January 2016](#)

Jan 11, 2016 This is a reminder that there are several instructor-led training courses for providers that are ... [read on](#)

[All Announcements](#)

NCTracks Training Login

- Training documents are available on the Provider portal.
 - SkillPort
 - NCID Login and Password required to access training available in SkillPort.
 - Instructions for SkillPort available under NCTracks Training Tool Kits.

The screenshot shows the NCTracks Provider Training page. The left sidebar contains a navigation menu with 'Provider Training' selected. The main content area is titled 'Provider Training' and includes a description of the training, a list of 'NCTracks Training Tool Kits' with links to documents like 'Java Quick Reference for SkillPort' and 'How to Register for Training in SkillPort', and 'Webinar Presentation Slides'. On the right, there are sections for 'NCTracks Training Login' (with a lock icon and 'NCID required for system access'), 'Password Help', and 'Quick Links' with links to 'NCTracks Provider CBT Course List', 'NEMT Provider Enrollment Training Flyer', 'NEMT Provider Enrollment Presentation', and 'NEMT Q&A'. Red arrows point from the 'Provider Training' menu item to the 'NCTracks Training Login' button and from the 'How to Register for Training in SkillPort' link to the 'NCTracks Training Login' button.

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Additional Resources

- Onsite or WebEx Training Sessions
 - Providers can register via SkillPort to attend available sessions.
- Training documents available via SkillPort
 - Participant User Guides
 - Prior Approval Dental/Orthodontic
 - Submitting Dental/Orthodontic Claim
 - Computer Based Training
 - How to File a Dental Claim

Provider Communication

- NCTracks Communications
 - Providers are notified of upcoming training dates and other important information through the NCTracks Communications via e-mail.
 - Subscribe to these e-mails on the Provider portal.



The screenshot displays the NCTracks Provider Portal. At the top left is the NCTracks logo, which includes a map of North Carolina. A navigation menu contains links for Home, Providers, Recipients, and Operations. A prominent red button labeled "SIGN UP HERE" is located in the top right corner. Below the navigation, a breadcrumb trail reads "Home > Providers > Provider Communication". The main content area is titled "Provider Communication" and contains the following text: "NCTracks is committed to communicating with providers on a regular basis regarding topics of interest related to providers' use of NCTracks. This includes announcements posted to the NCTracks Provider Portal as well as provider newsletters distributed through the email listserv." To the right of this text is a photograph of two people reviewing documents. Below the main text is a "Quick Links" section with a link to "DMH/DD/SAS Communication Bulletins". On the left side of the page, there is a sidebar with a "Getting Started" section and a "Provider Communication" section containing links for "Provider Announcements - 2016", "Provider Announcements - 2015", "Provider Announcements 2013-2014", and "Provider Newsletters". A separate box on the right side of the page is titled "Sign Up for NCTracks Communications" and contains two links: "Click here to join mailing list" and "A Note About Unsubscribing (PDF, 79 KB)". A red arrow points from the "SIGN UP HERE" button to the "Sign Up for NCTracks Communications" box.

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Contact Us

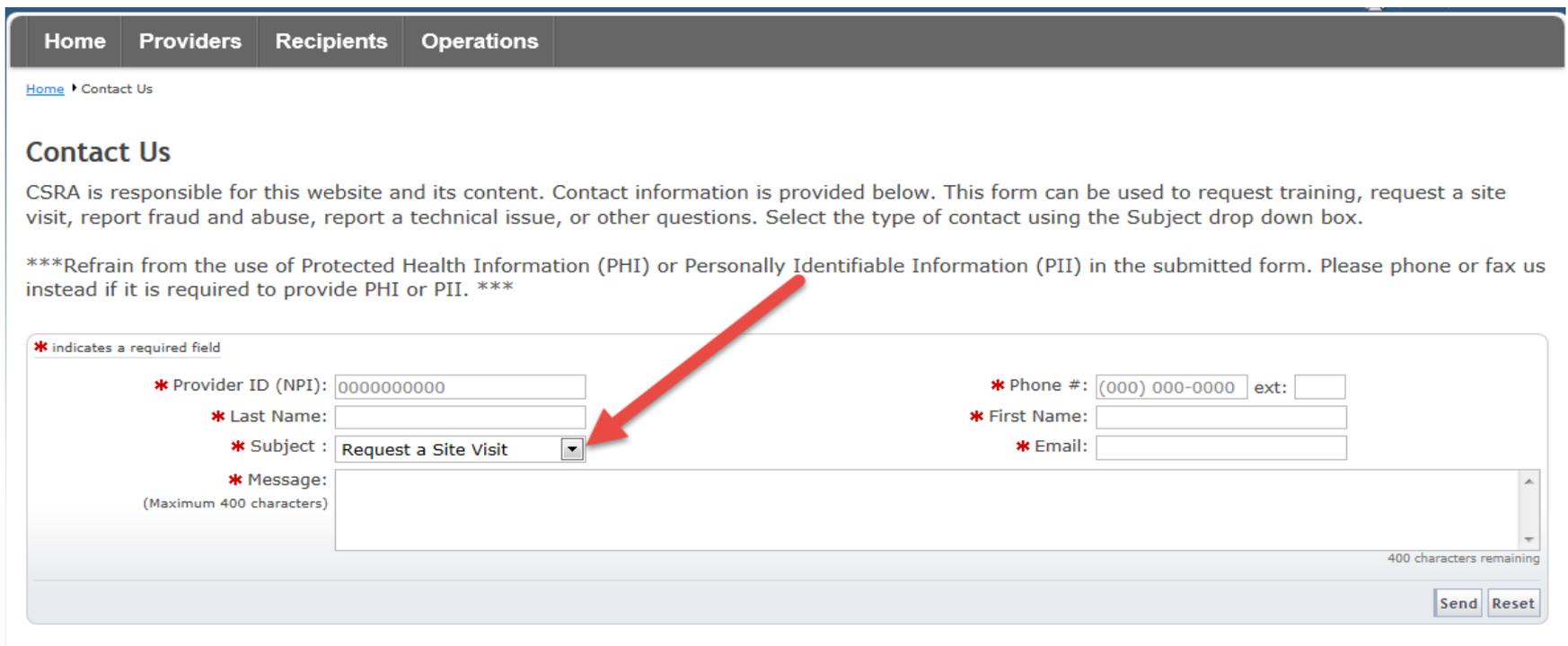
- In-person, on-site visits can be requested.
 - Field representative will come to your office!

At the bottom of the Provider portal home page, select the “Contact Us” link.



Request a Site Visit

- On the “Contact Us” page, complete all the fields. In the “Subject” field, select the choice for “Request a Site Visit”:



The screenshot shows a web form titled "Contact Us" with a navigation bar at the top containing "Home", "Providers", "Recipients", and "Operations". Below the navigation bar, there is a breadcrumb trail "Home > Contact Us" and the heading "Contact Us". The form instructions state: "CSRA is responsible for this website and its content. Contact information is provided below. This form can be used to request training, request a site visit, report fraud and abuse, report a technical issue, or other questions. Select the type of contact using the Subject drop down box." A warning message follows: "***Refrain from the use of Protected Health Information (PHI) or Personally Identifiable Information (PII) in the submitted form. Please phone or fax us instead if it is required to provide PHI or PII. ***". The form fields are: "Provider ID (NPI)" with the value "0000000000", "Last Name", "Subject" (a dropdown menu with "Request a Site Visit" selected), "Message" (a text area with "(Maximum 400 characters)" and "400 characters remaining" below it), "Phone #" (with a format "(000) 000-0000" and an "ext:" field), "First Name", and "Email". A red arrow points to the "Subject" dropdown menu. At the bottom right of the form are "Send" and "Reset" buttons.



E-mail for Web Attendance
NCMMIS_Training_Team@gdit.com

Course Name:

**Helpful Hints for Dental Prior Approval
and Claims Submission**

Summary / Wrap Up

- Identify the three (3) methods of Prior Approval submission.
- Identify how to upload documents when submitting a Prior Approval via NCTracks and how to upload documents to an existing Prior Approval.
- Identify the most common errors when completing the American Dental Association (ADA) form.
- Identify common errors that require requests for Prior Approval additional information.
- Identify the common mistakes when submitting claims.

What Questions Do You Have for Me?





Thank You